

VEHICLE INSPECTION FORM

Make _____
Model _____
Year _____

State Tag # _____
Vehicle Serial Number _____
Property Control Number _____
Department _____

Are all departmental vehicles subject to State licensing requirements equipped with the following items in good operating condition:

	Yes	No
Adequate rearview mirrors?	<input type="checkbox"/>	<input type="checkbox"/>
Safety belts?	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wipers?	<input type="checkbox"/>	<input type="checkbox"/>
Horn?	<input type="checkbox"/>	<input type="checkbox"/>
Steering-amount of range/play?	<input type="checkbox"/>	<input type="checkbox"/>
Correctly adjusted headlights?	<input type="checkbox"/>	<input type="checkbox"/>
Brakes with adequate stopping power?	<input type="checkbox"/>	<input type="checkbox"/>
Shock absorbers?	<input type="checkbox"/>	<input type="checkbox"/>
Directional signals?	<input type="checkbox"/>	<input type="checkbox"/>
Good tires with adequate tread?	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Registration?	<input type="checkbox"/>	<input type="checkbox"/>
Are all lug nuts in place and tight?	<input type="checkbox"/>	<input type="checkbox"/>
Windows?	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights?	<input type="checkbox"/>	<input type="checkbox"/>
Tail lights?	<input type="checkbox"/>	<input type="checkbox"/>
License plate light?	<input type="checkbox"/>	<input type="checkbox"/>
Tight muffler system?	<input type="checkbox"/>	<input type="checkbox"/>
Properly serviced fire extinguisher is recommended.	<input type="checkbox"/>	<input type="checkbox"/>
Intact windshield, with no cracks?	<input type="checkbox"/>	<input type="checkbox"/>
Is all seating in the vehicle secured?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a University Insurance Card for University vehicles located in the glove compartment or elsewhere in the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Have all employees been instructed on safe backing practices?	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been informed of what actions to take in the event they are involved in a vehicle accident?	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been informed of appropriate safety guidelines when hauling loads?	<input type="checkbox"/>	<input type="checkbox"/>

Inspector signature _____ Date _____
Department Representative _____ Date _____
Reinspection date if deficiencies noted _____
Cleared for use _____ Date _____

Comments _____

